

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO. **09/889647** FILING DATE **07 NOV 2001**
APPLICANT(S) *Mayer*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.			2			
TOTAL DEP.			21			
TOTAL CLAIMS			23			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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